



ADMN

**Purchase Voucher**

Agency: 529

Health and Human Services Commission

Voucher Number: 01465767

USAS Doc Number:

Payee Name / Address:HUMAN COALITION /
PO BOX 5052
FRISCO, TX 75035-0201

TCode: AP-225-STD

Origin: STO

Payee ID/Check/Mail: 1264099950/9/000

Freight Amount: 0.00

Gross Amount (includes Frt.): 201,355.44

Discount Amt Taken: 0.00

Payment Amount: 201,355.44

----- FOLD HERE -----

Line	PO ID / PCC RTI	Invoice ID	Invoice Description	Amount
1	0000023911 S	HUMAN COALITION A.	JUNE 2018 PROGRAM; ALTERNATIVE TO ABORTION	201,355.44

ShipTo ID

H102

Contract#
HHS000050200001Org PmtDt

IC

RC

<u>Invoice DT:</u>	07/20/2018	<u>Req'd Pay DT:</u>	08/11/2018
<u>Inv Recv'd DT:</u>	07/20/2018	<u>Pay Due DT:</u>	08/19/2018
<u>Service DT:</u>	06/30/2018	<u>PO DT:</u>	06/26/2018

	Account	Entry Event	Fund	Dept	Program	Class	Ref	Pri/grant	Amount
1.1	762300 /		0001	716C	5016A	03138	2018	GR	201,355.44

Open Item Key:

Conf: N

Certified Amt:

0.00

Descriptive Legal Text (DLT Comments):PROGRAM; ALTERNATIVE TO ABORTION
JUNE 2018 @ \$201,355.44
P.O. 23911

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By

Approver Phone(Area+Number)

Date Approved

08/06/2018
Date Entered into CAPPs

Approved By

Approver Phone(Area+Number)

Date Approved

Richardson, Marcell Lee
Entered ByM. Richardson
Contact Name5635
Contact Phone(Area+Number)

Contract Vendor Invoice Payment Request

01465767



HHSC Health Developmental and Independence Services

Alternatives to Abortion

The attached invoice is approved for payment.

Invoice Date:	7/20/18
Invoice Number:	Human Coalition A
Dept. ID/Speedchart:	716C
Object Code:	762300
Contract Number:	HHS000050200001
Contract Name:	Alternative to Abortion
Payee	Human Coalition
TIN:	2640999509
Mail Code:	000
Purchase Order Number:	23911

Month of Service:	June	Amount:	\$ 201,355.44
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	7/20/18 ✓
Payment Due On or Before:	8/10/18

Total Amount:	\$201,355.44
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CONTACT		DATE
Preparer's Name:	Ross Hoffpauir	7/31/2018
Preparer's Phone:	512-487-3380	

Approval		DATE
Name of approver	Lesley French	

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:		

Contractor submitted and HHSC approved 4 budget transfers totaling \$13,070.30

Contractor: Human Coalition
MISC Speed chart 715C and 716D

10-00000 Division Health, Developmental and Independence Services

Contract # JFH-HS0000520001
Contract Budget Period: 6/1/18 to 8/31/18
Invoice Preparer: Ben Matthews
Invoice Approver: Kyle Scott
Invoices submitted 1

[illegible]

CONTRACTOR -
SUB CONTRACTOR

[illegible]

[illegible]

Richardson, Marcy L (HHSC/DFPS)

From: HHSC AP
Sent: Monday, August 06, 2018 10:35 AM
To: Richardson, Marcy L (HHSC/DFPS)
Cc: HHSC AP
Subject: FW: June HC billing workbook and coversheet- inv# Human Coalition A - po#23911-\$201,355.44
Attachments: HC June Billing workbook.xlsx; HC June coversheet 1 submitted 7.31.18.xls

Hello,

Please review and process - invoice logged. Thank you!

Robert Seidenberger

Accounts Payable
Health & Human Services Commission
4900 N Lamar Blvd
Austin, TX 78751

Phone: 512-438-4252

Fax: 512-538-4615

Robert.Seidenberger@hhsc.state.tx.us

From: Hoffpauir, Ross (HHSC)
Sent: Thursday, August 02, 2018 11:30 AM
To: HHSC AP <HHSC_AP@hhsc.state.tx.us>
Cc: Gicheru, James (HHSC) <James.Gicheru@hhsc.state.tx.us>; Smith, Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>; French, Lesley (HHSC) <Lesley.French@hhsc.state.tx.us>
Subject: Fw: June HC billing workbook and coversheet

Hello,

Please find attached the June billing for Alternatives to Abortion contract # HHS000050200001, Human Coalition in the amount of \$201,355.44. The Invoice Date is 07/20/2018 with a requested payment due date of 08/10/2018. Please note the appropriate approvals in the email chain below.

Please do not hesitate to reach out should you have any questions or require any clarification.

Thanks very much,
Ross Hoffpauir

From: Hoffpauir, Ross (HHSC)
Sent: Thursday, August 2, 2018 8:34 AM
To: Gicheru, James (HHSC); French, Lesley (HHSC)

Cc: Smith,Kathy (HHSC); Addington,Hugh (HHSC)
Subject: Re: June HC billing workbook and coversheet

Thanks so much!

From: Gicheru,James (HHSC)
Sent: Thursday, August 2, 2018 8:27:02 AM
To: French,Lesley (HHSC); Hoffpauir,Ross (HHSC)
Cc: Smith,Kathy (HHSC); Addington,Hugh (HHSC)
Subject: RE: June HC billing workbook and coversheet

Thank you Lesley.

Thank you.
James Gicheru
Manager V, Health and Human Services Commission
Department of Health Developmental & Independence Services
James.Gicheru@hhsc.state.tx.us
Office (S12) 206-5448 Mobile (S12) 944-8803



TEXAS

Health and Human
Services

Medical and
Social Services

From: French,Lesley (HHSC)
Sent: Wednesday, August 01, 2018 5:31 PM
To: Hoffpauir,Ross (HHSC) <Ross.Hoffpauir01@hhsc.state.tx.us>
Cc: Gicheru,James (HHSC) <James.Gicheru@hhsc.state.tx.us>; Smith,Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>;
Addington,Hugh (HHSC) <Hugh.Addington@hhsc.state.tx.us>
Subject: RE: June HC billing workbook and coversheet

Please proceed to payment.

Lesley French
Deputy Executive Commissioner
Health, Developmental and Independence Services

From: Hoffpauir,Ross (HHSC)
Sent: Wednesday, August 1, 2018 1:17 PM
To: French,Lesley (HHSC) <Lesley.French@hhsc.state.tx.us>
Cc: Gicheru,James (HHSC) <James.Gicheru@hhsc.state.tx.us>; Smith,Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>;
Addington,Hugh (HHSC) <Hugh.Addington@hhsc.state.tx.us>
Subject: Fw: June HC billing workbook and coversheet

Hello Lesley,

Please find attached the June monthly billing workbook for Human Coalition.

The amount of the invoice is \$201,355.44 (cell O354). We have reviewed and approved 4 budget transfers totaling \$13,070.30. All additional costs appear to be reasonable and allowable per applicable contract policies and procedures, with no questioned costs. Total direct service expenses are \$183,054, with the associated 10% indirect of \$18,305.40. There was a total of 510 clients served at a cost of \$394.81 per client.

We have reviewed and received approval from James. Please advise if this can be sent to AP.

Thank you very much,
Ross Hoffpauir
Contract Specialist

From: Smith,Kathy (HHSC)
Sent: Wednesday, August 1, 2018 10:58 AM
To: Hoffpauir,Ross (HHSC)
Subject: FW: June HC billing workbook and coversheet

The next step is for this to go to Lesley, can you go ahead and forward to her?

From: Gicheru,James (HHSC)
Sent: Wednesday, August 01, 2018 8:35 AM
To: Smith,Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>
Cc: Hoffpauir,Ross (HHSC) <Ross.Hoffpauir01@hhsc.state.tx.us>
Subject: RE: June HC billing workbook and coversheet

Approved.

Thank you.
James Gicheru
Manager V, Health and Human Services Commission
Department of Health Developmental & Independence Services
James.Gicheru@hhsc.state.tx.us
Office (S12) 206-S448 Mobile (S12) 944-8803



TEXAS

Health and Human
Services

*Medical and
Social Services*

From: Smith,Kathy (HHSC)
Sent: Tuesday, July 31, 2018 3:15 PM

To: Gicheru,James (HHSC) <James.Gicheru@hhsc.state.tx.us>
Cc: Hoffpauir,Ross (HHSC) <Ross.Hoffpauir01@hhsc.state.tx.us>
Subject: June HC billing workbook and coversheet

James:

Human Coalition has submitted the June monthly billing workbook.

The amount of the invoice is \$201,355.44 (cell O354). I have reviewed and approved 4 budget transfers totaling \$13,070.30. All additional costs appear to be reasonable and allowable per applicable contract policies and procedures, with no questioned costs. Total direct service expenses are \$183,054, with the associated 10% indirect of \$18,305.40. There was a total of 510 clients served at a cost of \$394.81 per client. Please let me know if you approve and I will move forward.

Thank you,

Kathy Smith, MBA,CTCM,CGAP

Special Projects
Health Developmental & Independence Services Operations
Kathy.smith01@hhsc.state.tx.us
Phone 512-487-3380



TEXAS

Health and Human
Services

*Medical and
Social Services*